

Program Entry Date:

____/____/____

Dependent Housing Application

Client Information

First Name: _____

Last Name: _____

Middle Name: _____

Mother's Maiden Name: _____

Date of Birth: ____/____/____

Age: _____

Birth City: _____

Gender: ☐ Male ☐ Female

Social Security: ____-____-____

Relationship in Family/Group: ☐ Wife ☐ Husband ☐ Son ☐ Daughter

☐ Companion ☐ Roommate ☐ Brother ☐ Sister ☐ Other: _____

Optional Data

Height: ____ ft. ____ inches

Eye Color: ☐ Brown ☐ Blue ☐ Green

Primary Language: _____

Citizen: ☐ Yes ☐ No ☐ Don't know ☐ Refused

Characteristics

Hispanic Ethnicity: ☐ Yes ☐ No ☐ Don't know ☐ Refused Veteran: ☐ Yes ☐ No ☐ Don't know ☐ Refused

Disabling Condition: ☐ Yes ☐ No ☐ Don't know ☐ Refused

Racial Group:

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hawaiian or Pacific Islander

☐ White or Caucasian

☐ Other Racial Group

INDIVIDUAL Income (Job, Retirement, SSDI, SSI etc.): ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, gross monthly INDIVIDUAL Income: \$ _____

INDIVIDUAL Non Cash Benefits (Food stamps, CHIP, Medicare, Medicaid etc): ☐ Yes ☐ No ☐ Don't know ☐ Refused

Child Education Only (5 -17 years)

Currently Enrolled in School: ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, name of child's school _____

If yes, was/is the child connected with a School Liaison? ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, type of school? ☐ Public ☐ Private ☐ Don't Know ☐ Refuse

If Not enrolled, last date of enrollment: ____/____/____

If not enrolled, identify problems in enrolling child?

☐ None

☐ Residency requirements

☐ Availability of School records

☐ Birth Certificates

☐ Legal Guardianship requirements

☐ Lack of available preschool programs

☐ Transportation

☐ Immunization requirements

☐ Physical examination records

☐ Other

☐ Don't Know

☐ Refuse